PTO/SB/21 (02-04) 06. OMB 0651-0031 NT OF COMMERCE

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Under Paperwork Reduction Act of 1995	no person	s are required to respond to a collection  Application Number	09/654,		ss it displa	avs a valid OMB control number.		
TRANSMITTAL	Filing Date August 31, 2000 First Named Inventor Anderson et al.							
T&TRADES TRANSMITTAL FORM								
(to be used for all correspondence after initial	Art Unit		JUL 0 9 2004					
	Examiner Name	Phu K.	Nguyen	Te	chnology Center 2600			
Total Number of Pages in This Submission	19	Attorney Docket Number	786515	600032				
ENCLOSURES (Check all that apply)								
Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request		Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a  Provisional Application  Power of Attorney, Revocation  Change of Correspondence Addra  Terminal Disclaimer  Request for Refund	ess	App of App (Ap	peal Co Appeals peal Co opeal Not oprietary atus Lett her Encl entify be	losure(s) (please		
Information Disclosure Statement  Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53	Remai	CD, Number of CD(s)	]	R AGEN	T			
Firm John V. Biernacki	TORL	AFFLIQANI, ATTORN	-	N AGEN				
or Individual name Signature  Date June 28/2004	bis	ahr						
C	ERTIFIC	CATE OF TRANSMISSION	I/MAIL	ING				
I hereby certify that this correspondence is b sufficient postage as first class mail in an enthe date shown below.	eing facsi	mile transmitted to the USPTO or	deposi	ted with the	United 50, Alexa	States Postal Service with andria, VA 22313-1450 on		
Typed or printed name Kathie J. Kopczyk	ζ							
Signature Hothie	1. Ko	PCPULL Date Jur				June 28, 2004		

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PTO/SB/17 (10-03)
Approved for use through 07/31/2006. OMB 0651-0032

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## FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

X Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 253.00

spond to a collection of info	rmation unless it displays a valid OMB control number.
Co	omplete if Known
Application Number	09/654,101
Filing Date	August 31, 2000
First Named Inventor	Anderson et al.
Examiner Name	Phu K. NguyeRECEVED
Art Unit	2671
Attorney Docket No.	786515600032 JUL 0 9 2004

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)chnology Center 2						
Check Credit card Money Other None	3. ADDITIONAL FEES						
X Deposit Account:	ge Entity   Small Enti	ity	i				
Denosit	e Fee Fee Fee	Fee Description					
Account   501432	ode (\$)  Code (\$)  51 130 2051 6	5 Surcharge - late filing fee or oath	Fee Paid				
Number Deposit	152 50 2052 25						
Account Jones Day	32 30 2032 2	cover sheet					
The Director is authorized to: (check all that apply)	53 130 1053 130	• •	<del></del>				
X Charge fee(s) indicated below X Credit any overpayments	12 2,520 1812 2,520	0 For filing a request for ex parte reexamination					
Charge any additional fee(s) or any underpayment of fee(s)	1804 920* 1804 92°	0* Requesting publication of SIR prior to Examiner action					
Charge fee(s) indicated below, except for the filing fee	05 1,840* 1805 1,84						
to the above-identified deposit account.	1,040 1,040	Examiner action	<del></del>				
FEE CALCULATION	51 110 2251 5	5 Extension for reply within first month	210				
1. BASIC FILING FEE	52 420 2252 21	Extension for reply within second month					
Large Entity Small Entity	53 950 2253 47	75 Extension for reply within third month					
Fee Fee Fee Fee Pee Paid Code (\$) Code (\$)	54 1,480 2254 74	Extension for reply within fourth month					
1001 770 2001 385 Utility filing fee	55 2,010 2255 1,00	05 Extension for reply within fifth month					
1002 340 2002 170 Design filing fee	01 330 2401 16	65 Notice of Appeal					
1003 530 2003 265 Plant filing fee		65 Filing a brief in support of an appeal					
1004 770 2004 385 Reissue filing fee	03 290 2403 14	45 Request for oral hearing					
1005 160 2005 80 Provisional filing fee	51 1,510 1451 1,5	10 Petition to institute a public use proceeding					
,		55 Petition to revive - unavoidable					
SUBTOTAL (1) (\$) -0-	53 1,330 2453 66	65 Petition to revive - unintentional					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	·	65 Utility issue fee (or reissue)					
Fee from  Ext <u>ra Claims below Fee Paid</u>	·	40 Design issue fee					
Total Claims x = x	03 640 2503 3	20 Plant issue fee					
Independent Claims - 3** = 1 x 43 = 43.1	60 130 1460 13	30 Petitions to the Commissioner					
Multiple Dependent = -0-	07 50 1807	50 Processing fee under 37 CFR 1.17(q)					
Large Entity   Small Entity		80 Submission of Information Disclosure Stmt					
Fee Fee Fee Fee Fee Description Code (\$) Code (\$)		40 Recording each patent assignment per					
1202 18 2202 9 Claims in excess of 20		property (times number of properties)					
1201 86 2201 43 Independent claims in excess of 3	09 770 2809 38	85 Filing a submission after final rejection (37 CFR 1.129(a))					
1203 290 2203 3145 Multiple dependent claim, if not paid	10 770 2810 38	85 For each additional invention to be	<del></del>				
1204 86 2204 43 ** Reissue independent claims		examined (37 CFR 1.129(b))	——————————————————————————————————————				
over original patent	301 770 2801 38	85 Request for Continued Examination (RCE)					
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	802 900 1802 9	00 Request for expedited examination of a design application					
SUBTOTAL (2) (\$) 43.00	her fee (specify)	<u> </u>					
**or number previously paid, if greater; For Reissues, see above	educed by Basic Filing	Fee Paid SUBTOTAL (3) (\$) 210	.00				
SUBMITTED BY		(Complete (if applicable))					

Name (Print/Type)

John V. Bie nacki
Registration No. (Attorney/Agent)

Signature

Registration No. (Attorney/Agent)

Date June 28, 2004

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PTO/SB/06 (08-03)

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PATENT PLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/654,101				
CLAIMS AS FILED PART I (Column 1) (Column 2)						SMALL E	ENTITY	OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FILED				NUMBE	NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))				•				s 355	OR		\$
	AL CLAIMS FR 1.16(c))	75	minus 20 =	5	5		x \$ 9 =	495	OR	x \$_ =	
INDE	PENDENT CLAIN		minus 3		0		x \$ 39 =	-0-	OR	x \$ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+s =	-0-	OR	+ s =		
						TOTAL	850	OR	TOTAL		
* If the difference in column 1 is less than zero, enter *0 in column 2.							TOTAL		J OK	TOTAL	
	Cl	LAIMS AS AMI	ENDED –	PART II						OTUE	TUAN
		(Column 1)		(Column 2)	(Column 3)		SMALL E	NTITY	OR	SMALL	R THAN ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total (37 CFR 1.16(c))	• 60	Minus	75	= 0		x <u>\$</u> 9_=	-0-	OR	x \$=	
EN	Independent (37 CFR 1.16(b))	4	Minus	3	<sup>=</sup> 1		x s <u>43</u> =	. 43	OR	x \$=	
AM	FIRST PRESENT	ATION OF MULTIPL	E DEPENDEN	IT CLAIM (37 CF	R 1.16(d))		+\$ =	-0-	OR	+\$ =	
							TOTAL ADD'L FEE	43	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total (37 CFR 1.16(c))	*	Minus	**	=		x \$ <u>·</u> =		OR	x \$=	
AMENDMENT	Independent (37 CFR 1.16(b))	*	Minus	***	=		x \$=		OR	x \$=	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s =		OR	+ \$ =	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)				•	,——·	
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total (37 CFR 1.16(c))	•	Minus	**	=		x \$=		OR	x s=	
	Independent (37 CFR 1.16(b))	•	Minus	***	=		x \$=		OR	x_\$=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						_+ \$=		OR	+ \$=		
TOTAL ADD'L FEE  * If the entry in column 1 is less than the entry in column 2, write "0 in column 3.								OR	TOTAL ADD'L FEE		
	ii the entry in o	olumin i is less tha	ın tne entry I	n column 2, writ	e o in column	J.					

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<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.